


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000054503

1. Entity Name
SUCASA, L.L.C.



Principal Place of Business Mailing Address

1501 SOUTH DRIVE 1501 SOUTH DRIVE
SARASOTA, FL 34239 US SARASOTA, FL 34239 US

DO NOT WRITE IN THIS SPACE



04272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0497005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARBONNEAU, ANDRE' K R ESQ
2033 MAIN STREET
SUITE 500
SARASOTA, FL 34237

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

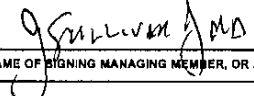
**Filing Fee is \$50.00
Due by May 1, 2007**

000000757232
05/23/07-80065-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SULLIVAN, JOHN 1501 SOUTH DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SULLIVAN, SUE 1501 SOUTH DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #